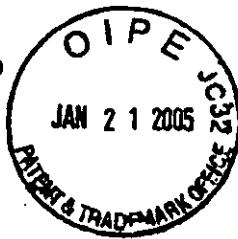


AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Customer No.: 23696
Attorney Docket No.: 020178
In Re Application of: An Mei CHEN, et al.
Serial Number: 10/080,951
Filed: February 21, 2002
Examiner: Eugene Yun
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|---|--|------------------|------------------|----------|
| Total* | 28 | 144 | 0 | x \$18 = | \$ |
| Independent** | 4 | 16 | 0 | x \$86 = | \$ |
| Multiple Dependent Claim(s): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$290 | \$ |
| EXTENSION FEES | | <input type="checkbox"/> One Month | \$110 | \$ | |
| | | <input type="checkbox"/> Two Months | \$420 | \$ | |
| | | <input type="checkbox"/> Three Months | \$950 | \$ | |
| TERMINAL DISCLAIMER | | | \$110 | \$ | |
| *If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. | | | TOTAL FEE | \$ | |

4. Fee check in the amount of \$____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 18, 2005

Signature:

John L. Ciccozzi

Reg. No. 48,984
(858) 845-2611

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Tami M. Procopio
(type or print name)

Date: January 18, 2005

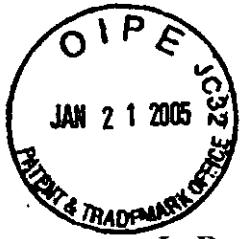
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Depositor's Name:

(type or print name)

Signature: Tami M. Procopio



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
An Mei CHEN, et al.) For: METHOD AND APPARATUS FOR
Serial No. 10/080,951) DELIVERING SERVER-
Filed: February 21, 2002) ORIGINATED INFORMATION
) DURING A DORMANT PACKET
) DATA SESSION
) Group No. 2682

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 15, 2004, the Applicants respond as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Tami M. Procopio
(type or print name)

Date: January 18, 2005

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transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name:

(type or print name)
Signature: Tami M. Procopio